## **STATEMENT OF**

FORM 1	ORGANIZATI (See instructions)	ON	Office use only
1. NAME OF COMMITTEE (in f	(Check if name E is changed)	Example: If typying, type over the lines	Office use only
Managed Fund	s Association Political Action Comm	nittee	
ADDRESS (number and s	2025 M Street, NW		
(Check if address is changed)	Suite 610 Washington		
	CITY	· · · · · · · · · · · · · · · · · · ·	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	ADDRESS (Please provide only one e-mail a	•	
COMMITTEE'S WEB I (Check if address is changed)	PAGE ADDRESS (URL)  www.managedfunds.org		
<ol> <li>DATE M M M M O 4</li> <li>FEC IDENTIFICATION</li> <li>IS THIS STATEM</li> </ol>		X AMENDED (A)	
I certify that I have examine Type or Print Name of	reasurer Mr Richard H., Baker		complete
Signature of Treasurer	Electronically Filed by Mr Richard H.,	Baker C	pate 04 / 02 / YYYYY
NOTE: Submission of fals	se, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION		
Office Use Only		For further information co Federal Election Commission Toll Free 800-424-9530	